

Issued AF\$

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|----|-------------------------------|---------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | ULT-001-1P |
| | | Filing Date | 02/09/2000 |
| | | First Named Inventor | Bert D. Cook et al. |
| | | Art Unit | 2876 |
| | | Examiner Name | Daniel I. Walsh |
| Total Number of Pages in This Submission | 32 | Attorney Docket Number | ULT-001-1P |

| ENCLOSURES (check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Request for Refund Remarks | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT | | | |
|---|-----------------------------|------------------------|--------|
| Firm Name | BEVER, HOFFMAN & HARMS, LLP | Customer Number | 022888 |
| Signature | | | |
| Printed Name | Patrick T. Bever | | |
| Date | May 16, 2005 | Reg. No. | 33,834 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|--------------------|-------------|--------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 16, 2005. | | | |
| Signature | | | |
| Typed or printed name | Rebecca A. Baumann | Date | May 16, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



| | | | |
|---|--------------------|--------------------------|-----------------|
| Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. § 1.27 | | Application Number | 09/502,812 |
| | | Filing Date | 02/09/2000 |
| | | First Named Inventor | Bert D. Cook |
| | | Examiner Name | Daniel I. Walsh |
| | | Art Unit | 2876 |
| TOTAL AMOUNT OF PAYMENT | (\$) 250.00 | Attorney Docket No | ULT-001-1P |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0574** Deposit Account Name: **Bever, Hoffman & Harms, LLP**

For the above-identified deposit account, the Director is hereby authorized to; (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | \$ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | \$ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | \$ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 100 | \$ |

2. EXCESS CLAIM FEES

Fee Description

| | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)
- 20 or HP = x = Fee (\$)

HP = highest number of total claims paid for, if great than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
- 3 or HP = x =

HP = highest number of total claims paid for, if great than 3

3. APPLICATION SIZE FEE

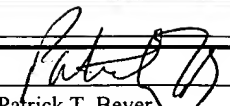
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = 5- = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification - \$130 fee (no small entity discount) Fee Paid (\$)
Other: APPEAL BRIEF **\$250.00**

SUBMITTED BY

Signature:  Registration No. 33,834 Telephone: (408) 451-5902
Name (Print/Type) Patrick T. Bever Date: May 16, 2005